

## **IOWA MEDICAID HEALTHY BEHAVIORS PROGRAM AND PREMIUM MONITORING PROTOCOLS FOR YEAR 2**

### ***EXECUTIVE SUMMARY***

On May 23, 2013, the Iowa Legislature enacted the “Iowa Health and Wellness Plan” that was signed into law by Iowa Governor Terry Branstad. The legislation was crafted into two separate 1115 demonstration waivers that were finalized between the state and the Centers for Medicare & Medicaid Services (CMS) on December 30, 2013. Coverage began on January 1, 2014. The Iowa Health and Wellness Plan represents Iowa’s unique approach to Medicaid expansion, covering Iowans age 19-64 with income up to 133 percent of the Federal Poverty Level. The two plans provide a comprehensive benefit package and provider network, along with important program innovations. Beyond providing access to coverage for this population, the goal is to drive quality care and lower cost by establishing an outcomes-based reimbursement methodology, leveraging private health plans and encouraging personal responsibility. The Healthy Behaviors Program is a key component of the strategy for achieving this goal. This document describes the Healthy Behaviors Program and Premium/Contribution Protocols that will be applied to the members of the Iowa Wellness Plan and the Marketplace Choice Plan (MPC).

### **HEALTHY BEHAVIORS PROGRAM PROTOCOLS**

As described in the Iowa’s Healthy Behaviors Protocol for Year 1 approved by CMS on July 3, 2014, Iowa’s Healthy Behaviors Program is designed to influence how consumers interact with their health care system, emphasizing primary care access and utilization. The Healthy Behaviors Program is designed to reward members through 1) encouraging completion of healthy behaviors by rewarding them with waiver of contributions (premiums) in next enrollment periods and 2) encouraging completion of additional healthy behaviors by rewarding them with financially-based rewards. Correspondingly, providers will be encouraged to assist members in completion of specific healthy behaviors through related financial incentives described below. Iowa has identified the following goals of the Healthy Behavior Program (HBP):

- Empower members to make healthy behavior changes.
- Establish future member healthy behaviors and rewards.
- Begin to integrate HRA data with providers for clinical decisions at or near the point of care.
- Encourage members to take specific proactive steps in managing their own health and provide educational support.
- Encourage providers to engage member in completion of the healthy behaviors by offering incentive payments.
- Comply with CMS requirements for Healthy Behaviors Program.

**Contribution Waiver for Healthy Behaviors Program**

In Iowa's Healthy Behaviors Protocol for Year 1, Iowa defined the healthy behaviors, a wellness exam and a health risk assessment (HRA), as the behaviors a member must complete to qualify for waiver of contributions in their next enrollment period. As the definition and description of these healthy behaviors was provided in Iowa's Protocol for Year 1 document, further detail will not be provided in this document. Iowa's Healthy Behaviors Protocols for Year 1 is available at:

<http://dhs.iowa.gov/sites/default/files/FINALHealthyBehaviorsProgramProtocolYear1.pdf>

Based on stakeholder and provider feedback<sup>1</sup>, Iowa requests to expand the definition of a wellness exam to allow providers more flexibility to make prudent clinical decisions about what level of service is most appropriate for their individual patients. Essentially, providers will be able complete a routine medical examination in lieu of a more comprehensive annual physical depending on the needs of the individual. Allowing the definition of a wellness exam to be expanded retroactively will benefit both the provider and the member. Providers will benefit as they will have more flexibility in completing an appropriate exam for their patients and still receive the incentive for doing so. Members will benefit by having a greater chance to achieve their healthy behaviors and have their contributions waived in their next enrollment year. For more detailed information about the expanded definition of a wellness exam see *Attachment A* entitled IL – 1425 Wellness Exam Expanded.

With CMS approval, Iowa will begin using this expanded definition of a wellness exam with a January 1, 2014 effective date. This expanded definition of a wellness exam will be used for the healthy behaviors program in 2014, 2015, and beyond.

**Financially-Based Healthy Rewards for Healthy Behaviors Program (Healthy Rewards)**

The healthy rewards portion of the HBP will be designed to allow the member to receive financially-based rewards for completion of set of healthy behaviors defined by the Iowa Medicaid Enterprise (IME).<sup>2</sup> Only members who earn a waiver of contributions in their next enrollment year will be eligible to receive healthy rewards. The member will be encouraged to complete all behaviors simultaneously, but will not receive the finally-based rewards until completion of the wellness exam and HRA have occurred.<sup>3</sup> The behaviors that qualify for rewards will vary annually based on IME's aggregate findings of the HRA as well as input received from the accountable care organizations (ACOs) and the qualified health plans (QHPs). By allowing annual flexibility of the healthy rewards, the IME will be able to address the aggregate areas of need of the total population. Further, allowing flexibility of rewards will

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<sup>1</sup> The Iowa Medicaid Enterprise (IME) received requests to expand the definition of a wellness exam from several ACO's, including the University of Iowa Health Alliance, Unity Point and Broadlawns.

<sup>2</sup> The STC's require the rewards to at least be equal to the amount of premiums/contributions to which a member would be subject to pay. The HBP rewards will be at least \$120; the exact amount is yet to be determined.

<sup>3</sup> This standard will also apply to persons who are mandatorily exempt.

give IME the opportunity to explore whether incorporating healthy rewards for completion of social determinates of health activities will be beneficial to the population<sup>4</sup>.

In 2015, the healthy rewards behaviors will, at a minimum, consist of preventive behaviors that address smoking, diabetes and obesity.<sup>5</sup> The IME will work with a vendor to further develop the behaviors and rewards. The vendor will be responsible for developing a portal to: 1) facilitate member enrollment in the HBP, 2) track completion of healthy behaviors, and 3) to redeem rewards.

On April 24, 2014, the Iowa Medicaid Enterprise (IME) issued a Request for Information (RFI) to further develop the healthy rewards part of the HBP and to detail the role of the vendor. The HBP RFI is available at: [http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp\\_id=10201](http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp_id=10201). The IME accepted comments and input from interested stakeholders and vendors on the member healthy rewards design of the HBP. The IME also held a public meeting May 30, 2014, to allow all interested parties to provide input on the RFI and the healthy rewards of the HBP. Input received varied from suggestions regarding the types of behaviors that should qualify for rewards to the types of rewards that should be offered to the methods of managing the program. The majority of those who provided input stressed the need to keep the program simple enough to be understood by the Iowa Health and Wellness Plan population.

Through input from the RFI responses and comments received at the public meeting, the IME drafted a request for proposal (RFP) to solicit a vendor to manage the healthy rewards portion of the HBP. The vendor will design a rewards program that includes four distinct components necessary to implement and ensure success: the reward benefit itself, member outreach and education, engagement of partners and monitoring results. The RFP release and other pertinent dates are listed in the table below.

Event	Date
RFP Notice to Targeted Small Business Website (48 hours)	July 30, 2014
Agency Issues RFP to Bid Opportunities Website	August 1, 2014
Bidder Letter of Intent to Bid Due By	August 29, 2014 3:00 p.m.
<b>Bidder Proposals and any Amendments to Proposals Due By</b>	<b>October 27, 2014 3:00 p.m.</b>
Bidder Presentations of Bid Proposals will be held on the following dates via web conference	November 19-21, 2014
Agency Announces Apparent Successful Bidder/Notice of Intent to Award	December 1, 2014
Contract Negotiations and Execution of the Contract Completed	December 22, 2014

<sup>4</sup> The IME's HRA captures social determinates of health information and the ACOs are contractually required to address social determinates of health. The IME envisions having more info of the population's needs by calendar year of 2015.

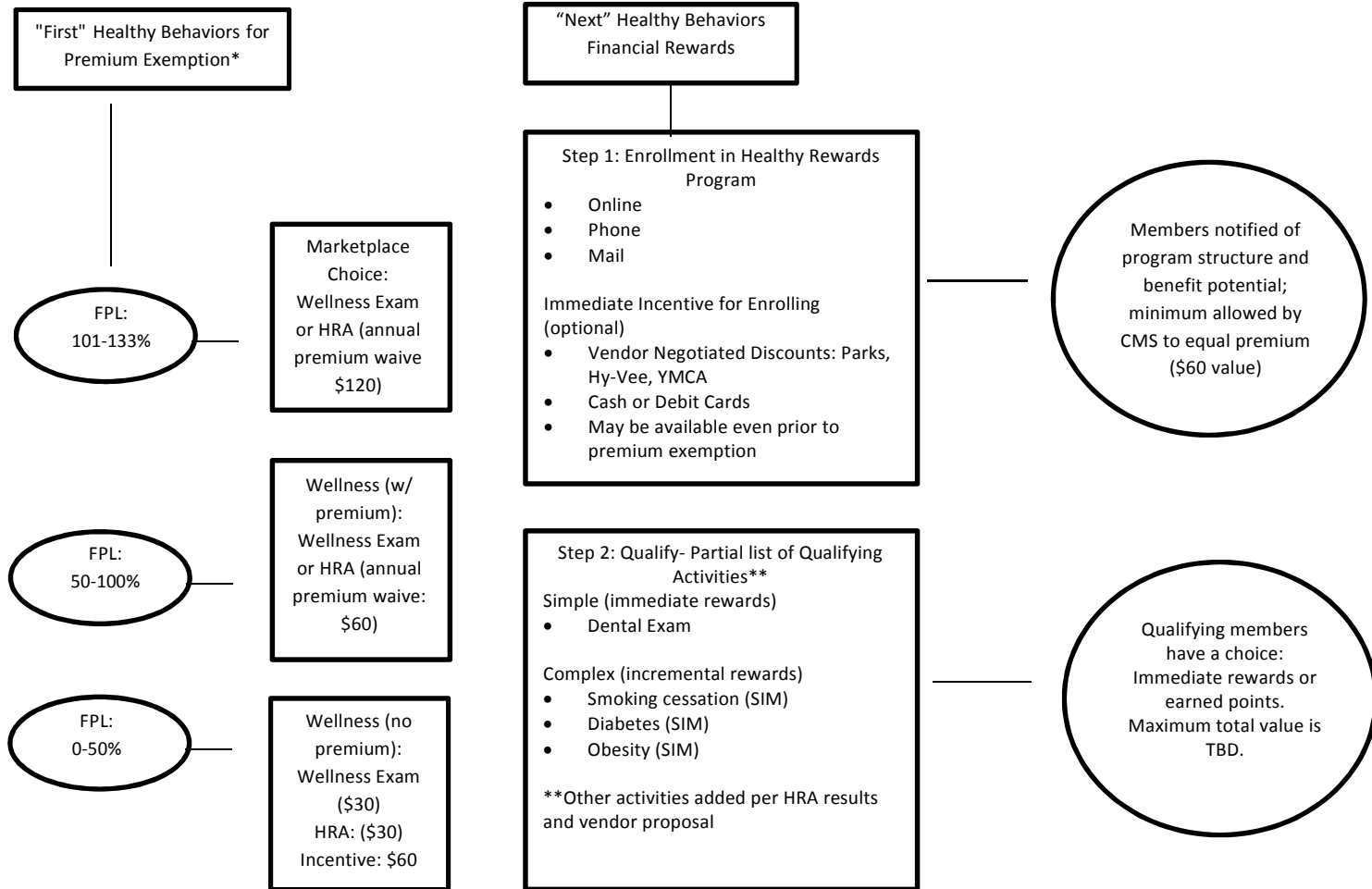
<sup>5</sup> These preventive activities are activities used in Iowa's State Innovation Model (SIM) and of which the ACOs will be required to monitor. Using these activities helps align the SIM project with the population the ACOs are currently serving in the Iowa Health and Wellness plans.

Anticipated Contract Start Date	<b>January 1, 2015</b>
Full program operations to begin no later than	<b>March 31, 2015</b>

The RFP may be accessed at: [http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp\\_id=10201](http://bidopportunities.iowa.gov/?pgname=viewrfp&rfp_id=10201)

See the diagram on the following page for additional details.

## Healthy Behaviors Program Structure



### Key Vendor Requirements:

Assist with identification of types of rewards, final amounts  
Program administration including identification of eligibility and processing/tracking of member reward  
Member portal, communication/marketing, integration with the IME, including at least one on-site FTE

### **Healthy Behaviors Program Communication Campaign**

The IME has designed an extensive communications campaign to educate the members, providers, and stakeholders about the HBP. ***Member Outreach***

Members received an initial letter informing them of the HBP in May. That mailing is available at: [http://dhs.iowa.gov/sites/default/files/HealthyBehaviors\\_MemberComm\\_Wellness.pdf](http://dhs.iowa.gov/sites/default/files/HealthyBehaviors_MemberComm_Wellness.pdf).<sup>6</sup> A second mailing is scheduled to go out to members in early August; this mailing will be targeted to the individual member. The mailing will notify the member which healthy behavior(s) the member has completed (if any) and which healthy behavior(s) the member has yet to complete to avoid contribution payments in the member's subsequent enrollment period.

The IME is also planning to send the following correspondence on or near the dates listed below:

- September 1: Member HBP reminder postcard.
- September 15: Assessment of total HBP completed.
- October 15: Initial contribution notification (if applicable).
- November 15: Member HBP reminder postcard.
- December 15: Second premium notice that will include information the 30-day grace period and information on how to self-report completion of healthy behaviors (in the event that provider has not yet billed for the service).

On July 3, 2014, the IME launched a new website to provide information on the Iowa Health and Wellness Plan and the HBP. On this site, members can access information on benefits, plan details, enrollment information, news and announcements, member materials, and HBP toolkits. This website is accessible at: <http://www.iahealthlink.gov/>

When HBP vendor is selected, the IME will work with the vendor to develop messaging about the financially-based rewards associated with the HBP. This information will be incorporated into correspondence sent to the member and included on the new website. The IME will work with the vendor to develop communication strategies for a launch in January 2015.

### ***Provider and Stakeholder Outreach***

The IME recognizes the importance of engaging providers and stakeholders to assist in helping member complete their healthy behaviors. Pursuing the member through several different avenues will best ensure the member receives information about the HBP and knows where to go with questions.

To assist providers in engaging members, the IME has developed a 'Healthy Behaviors Program Toolkit for Providers' that describes the following:

- Why it is important for the member to complete their healthy behaviors;
- The financial incentives a provider may receive for assisting the member;

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<sup>6</sup> The first page of this document is the first mailing; the second and third pages are what was included on the double-sided post card sent in the second mailing.

- Specific details of how the provider needs to bill for the healthy behaviors’;
- Members FAQs; and
- Sample promotional information including newsletter content, social media posts, and flyers.

The provider toolkit is available on the IME website at:

[http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit\\_05092014\\_2.pdf](http://dhs.iowa.gov/sites/default/files/Provider%20Healthy%20Behaviors%20Toolkit_05092014_2.pdf)

To ensure Wellness plan providers and the managed care organization (MCO), Meridian Health Plan, have a thorough understanding of the HBP, the IME provider services unit is providing HBP information at its annual provider enrollment trainings. The IME is holding 22 training sessions in 11 cities located throughout the state. Trainings are being held from June 11, 2014 through August 27, 2014. To date over 1,600 providers have attended or have scheduled to attend trainings. Details about specific dates and training locations are available at: <http://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration/APT>

Since April 2104, eleven formal ACO trainings, that emphasize HBP have been conducted to ACO provider groups across various Iowa locations. Over 130 ACO staff have participated in the trainings, representing senior leadership at a corporate and regional level for both hospital-based and physician group-based staff. The ACO trainings have taken a top-down approach to engage leadership in an effort to immediately implement processes at the clinic level that will ensure a successful HBP.

Additionally, numerous ad hoc trainings have been conducted for a variety of provider and stakeholder groups. See Attachment 1 – IHAWP Events Tracking Log for more details.

The IME is also providing financial incentives for primary care providers and ACOs who assist members in completing their healthy behaviors. Those incentive payments are described in the chart on the following page.

<u>Payment</u>	<u>Performance</u>	<u>Paid To</u>	<u>Purpose</u>
<u>\$4 Primary Care Case Management</u>	<u>Per Member Per Month (PMPM) Paid Monthly</u>	<u>Patient Manager (PM)</u>	<u>Ensures Access</u>
<u>\$10 Wellness Exam</u>	<u>Per Member annually if threshold achieved</u>	<u>PM or ACO</u>	<u>Aligns with Healthy Behaviors</u>
<u>\$25 HRA AssessMyHealth</u>	<u>To integrate results into member's plan of care</u>	<u>PM or ACO</u>	<u>Aligns with Healthy Behaviors</u>
<u>\$4 Medical Home VIS</u>	<u>PMPM – Paid quarterly if quality target achieved</u>	<u>PM or ACO</u>	<u>Aligns w/ multipayer SIM Strategy</u>
<u>\$4 ACO Member Engagement</u>	<u>PMPM for member engagement and access activities</u>	<u>ACO</u>	<u>Aligns with Healthy Behaviors &amp; Medicaid Waiver</u>

As of July 1, 2014, there were three ACO's enrolled with Iowa Medicaid: UnityPoint, the University of Iowa Health Alliance, and Broadlawns Medical Center. These three ACO's will facilitate services for over 26,000 members of the Iowa Wellness plan. The ACO's have a vested interest in ensuring their attributed members complete a wellness exam and HRA in that the \$4 ACO Member Engagement incentive payment (described above) is contingent upon the ACO achieving a healthy behaviors completion goal for at least fifty percent of their members. The goals are detailed in the chart below.

<b>Organization</b>	<b>Attributed Members</b>	<b>Completion Goal</b>
<b>UnityPoint ACO</b>	7,738	50% = 3,869 Members
<b>UI Health Alliance ACO</b>	11,142	50% = 5,571 Members
<b>Broadlawns Medical Center</b>	7,315	50% = 3,658 Members

The IME is targeting other high volume providers and health plans that do not have ACO affiliation to encourage that they also achieve a fifty percent completion goal. These providers do not have an incentive payment tied to this goal. These providers will, however, receive the incentive payments tied to completion of the wellness exam and HRA completion.



The health plans are actively working with their members to ensure they understand the HBP. Meridian Health Plan is sending letters and phoning members to ensure they complete Meridian's HRA. The QHPs that provide services to members of the MPC<sup>7</sup> are also engaged in informing their members about the HBP. When an MPC member calls the QHP call center, both call centers inform the members of their requirement to complete an HRA and wellness exam so they may continue to be exempt from monthly contributions. Both QHPs have also agreed to provide additional information about the HBP (when available) through their call centers. Both QHPs are also going to add HBP information into their enrollment packet that will be distributed in 2015.

The IME is also working with stakeholders to ensure Iowa Health and Wellness plan members are aware of the HBP. In conjunction with the United Way, the IME formed the Healthy Behaviors Community Partner Steering Committee. The committee will provide advice on community-level outreach, best practices, collaboration opportunities and progress of the HBP. Committee members include the following:

- Key leadership from the Department of Human Services, including Director Palmer;
- IME Communications Manager;
- The United Way;
- Polk County Health Department;
- Broadlawns Medical Center;
- Unity Point ACO;
- The University of Iowa Health Alliance ACO;
- Free Clinics of Iowa;
- The Iowa Department of Public Health; and
- The Iowa Primary Care Association
- Visiting Nurse Services

To ensure stakeholders have the tools to effectively engage member in completing their healthy behaviors, the IME has developed a toolkit that provides fact sheets, talking points, and sample media materials. More details about this toolkit are available at: <http://www.iahealthlink.gov/partner-toolkit>

To ensure providers and stakeholders have the most up-to-date information about the Iowa Health and Wellness plan, the IME sends weekly updates to an email distribution list of over 700 people. The weekly updates can be accessed at: <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/Archives-Weekly-Iowa-Health-and-Wellness-Plan-Updates>

Additionally, all providers and stakeholders have access to the new website launched in July and described above. The website is available at: <http://www.iahealthlink.gov/>

## **ACCESS STANDARDS**

As discussed in the Healthy Behaviors Protocols for Year 1, the IME will ensure members of the Iowa Health and Wellness plan have sufficient access to providers so that they may complete the healthy

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<sup>7</sup> The QHPs are CoOpportunity Health and Coventry Health Care of Iowa.

behaviors required for contribution exemption. The IME will gauge member access through completion of a provider survey that gathers information about the access to care standards and NCQA Element B1 standards that were detailed (and approved by CMS) in Iowa's Healthy Behaviors Protocol for Year 1. The IME has consulted with a biostatistician from the University of Iowa Public Policy Center (PPC) to develop a survey methodology to capture responses from rural, urban, and near-urban providers. The PPC methodology will ensure the providers surveyed accurately reflect the ratio of providers to which members have access. The PPC methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size. The IME will complete this survey by Oct 31, 2014 and report results to CMS at that time. For more details, see Attachment 2 – Iowa Physician Survey Methodology and Attachment 3 – Iowa Physician Survey County Groupings.

The NCQA and Access standards survey results will identify those counties that do and do not meet the access standards. Regarding counties that do not meet the standards, the IME member services call centers will target individual members in those counties through outbound calls to ensure members have an understanding of the HBP and premium waiver mechanism. The call centers will encourage wellness exam completion by ensuring the member is aware of the providers in his area and how to contact their provider to schedule an appointment. Additionally, if the member requests support in scheduling an appointment, the call centers will provide that support. The call centers will also facilitate HRA completion by assisting members in taking the survey over the phone.<sup>8</sup>

As another method of guaranteeing members of the Iowa Health and Wellness plan have sufficient access, the IME has a goal of ensuring at least forty percent of members with income above fifty percent of the Federal Poverty Level (FPL) and who were enrolled in the program on January 1, 2014, complete the healthy behaviors required for contribution exemption. To reach this goal, the IME must have at least 13,656 persons complete the wellness exam and HRA by December 31, 2014.<sup>9</sup>

### **PREMIUM MONITORING STANDARDS**

All Iowa Health and Wellness plan members are exempt from monthly contributions during their first continuous twelve months of enrollment. Some members will be mandatorily exempt from monthly contributions by virtue of having a Medically Exempt status, having income below fifty percent FPL, or by being an American Indian/Alaska Native.

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<sup>8</sup> The call centers are already supporting members in this manner. As of July 31, 2014, the calls centers have assisted over 2,300 members in completing their HRA.

<sup>9</sup> There were 78,148 persons enrolled in the Iowa Health and Wellness plan with an effective date of January 1, 2014. Of those persons, 34,139 had income about 50% FPL. Forty percent of 34,139 = 13,656. In capturing completion rates for this goal, the IME will measure the completion rate of all persons enrolled in the Iowa Health and Wellness plan, regardless of effective date or FPL rate. This will encourage providers to complete healthy behaviors for all their members without scrutiny as to effective date or FPL rate thus ensuring all members are treated equally.

A member who does not fit into a mandatorily exempt category will have twelve months of continuous enrollment to complete the healthy behaviors (a wellness exam and HRA) to be exempt from monthly contribution in the next enrollment period. In each enrollment period that the member completes a wellness exam and HRA, the member will be exempt from monthly contributions in the next enrollment period.

### ***Systems Monitoring***

The IME Medicaid management information system (MMIS) has been coded to detect all persons who are mandatorily exempt. The IME is also coded to capture those members who complete both a wellness exam<sup>10</sup> and an HRA during a twelve month period of continuous enrollment in the Iowa Health and Wellness plan. Ensuring a member has twelve months of continuous enrollment prior to being subject to monthly contributions will avoid any unintended harm to the member if the member's coverage options change periodically (aka churn). For example, there may be situations wherein the member loses Iowa Health and Wellness plan eligibility if they becomes eligible for another Medicaid program, gains access to employer sponsored insurance (ESI), or their economic situation improves such that they can access insurance through the Health Insurance Marketplace. If the member churns back to the Iowa Health and Wellness plan, the MMIS system will detect that the member had a break in coverage and has not had twelve months of continuous coverage in the Iowa Health and Wellness plan and will therefore not be subject to monthly contributions. Essentially, a break in the member's coverage will begin a new twelve month period during which the member will be exempt from contributions. See the examples below:

#### **Example: Member A**

- 01.01.14 enrolled in MPC
- 07.01.14 gains access to ESI and is disenrolled from MPC
- 09.01.14 loses access to ESI, applies for Medicaid and is determined eligible for MPC

Member A did not have 12 months of continuous MPC eligibility. Member A will be exempt from monthly contributions during his enrollment period that begins 09.01.14. Member A will have 12 full months to complete a wellness exam and HRA to continue to be exempt from monthly contributions in the next enrollment year.

#### **Example: Member B**

- 01.01.14 enrolled in Iowa Wellness plan
- 12.31.14 Member B does not complete healthy behaviors; at re-enrollment she is determined eligible for Mothers and Children (MAC) program
- 01.01.15 – 12.31.15 Member has MAC coverage
- 01.01.16 Re-enrollment determines Member is eligible for Iowa Wellness plan.

Although Member B had 12 months of Wellness plan coverage, there has been a 12

<sup>10</sup> This coding is based on the definition of a wellness exam from the Protocols for Year 1 document. Pending CMS approval, the IME will expand the list of codes that count towards completion of a wellness exam.

month break in that coverage. Member B will be exempt from monthly contributions and have 12 full months to complete a wellness exam and HRA to continue to be exempt from monthly contributions in the next enrollment year.

### ***Member Experience***

After a member has been enrolled for ten months and if applicable, the IME will send a reminder notice of the need to complete a wellness exam and HRA to avoid monthly contributions in the subsequent year. A member will receive an initial contribution billing statement during his final month of enrollment. The billing statement will reflect the member's monthly premium amount and instructions on how to claim a hardship exemption. With this initial billing statement the member will also receive notification of the thirty day grace period he will be afforded to report healthy behaviors completion. Essentially, the member will have thirteen months to complete the healthy behaviors or to contact IME member services unit to self-report completion of the healthy behaviors if they were incorrectly recorded as incomplete. This situation could arise, for example, if a provider is not timely with billing a member's wellness exam. If the member completes or reports to be complete the healthy behaviors during this thirty day grace period, the member will be exempt from monthly contributions during the next enrollment year.

A member who is subject to monthly contributions will receive a billing statement before the first day of the month in which the payment is due. The payment or request for hardship exemption will be due by the end of the contribution month. The IME will, however, allow a grace period of five business days before the payment or hardships exemption request is considered past due. A member can pay the contribution by sending a check or money order in the postage paid, self-addressed envelope included with the billing statement. A member may claim a hardship exemption for the month in which the contribution is due by checking the appropriate box on the billing statement or calling the IME member services unit. Payments will be applied to the most outstanding month in which payment is due. Hardship exemption requests will be allowed for the current billing statement.

Member Situation	December 2014	January 2015	February 2015
H.B. complete	End of Dec, receives Jan billing statement and notice of 30-day grace period	Member self-reports H.B. complete, qualifies for exemption from contribution	No contributions due
H.B. NOT complete	Same as above	Member has Jan to pay contribution or claim hardship	Jan contribution or hardship request accepted for 5 business days

In the Wellness plan, members will not be disenrolled for past due contributions. The member will continue to accrue contributions until he goes through the re-enrollment process. If the member does

not re-enroll or is no longer eligible for coverage under the Iowa Health and Wellness plan, the IME will review the claims data associated with the member. If the member did not access services after the last contribution payment, the past due contributions will be forgiven. This will allow members who no longer wish to utilize Wellness plan services, perhaps because they have access to ESI, to avoid having outstanding debt with the State. A Wellness plan member who continues to utilize services, does not pay monthly contributions, and who does not re-enroll with the Iowa Health and Wellness plan, will have the unpaid contribution amount sent to the Iowa Department of ~~Investigations~~ Inspections and Appeals (DIA) for debt collection.

An MPC member who has unpaid contributions that are at least 90 days past due will have the unpaid contribution amount sent to the DIA for debt collection. An MPC member may also be disenrolled; he may, however, re-enroll at any time by completing a new application.

To appropriately monitor the premium process and member impact, the IME will report the information required by the Special Terms and Conditions in the Iowa Health and Wellness plan quarterly reports. This information will include but is not limited to the number of:

- Individuals subject to contribution/premiums requirements (i.e. number of nonexempt individuals);
- Individuals whose premiums have been waived due to compliance with healthy behaviors;
- Individuals exempt due to hardship;
- Individuals with overdue premiums including those with premiums past due less than and greater than 90 days;
- Information about the state's collection activities; and
- Individuals who have premiums that have become collectible debt.